



Good Afternoon Madam Chairwoman and members of the committee. The Michigan County Medical Care Facilities Council (MCMCFC), which represents the 35 county-owned nursing homes in Michigan, welcomes the opportunity to provide testimony in support of Senate Bill 64 before you today.

First, MCMCFC wishes to thank you for taking up this important legislation, and also wants to thank Senator Hansen for his support and leadership in working on long term care legislation and specifically this topic.

PA 322 of 2012, as you may recall, was enacted to make a number of important reforms to the way skilled nursing facilities in Michigan are regulated. We fully supported PA 322 and welcomed the formation of the stakeholder workgroup and the clinical advisory committee, a subcommittee within the Long-Term Care Stakeholders' Workgroup created under PA 322. The clinical advisory committee was charged with updating the Michigan Clinical Process Guidelines, or CPGs.

When treating residents, doctors, nurses and other health care providers often are faced with difficult decisions and considerable complexity in treating the elderly who have multiple diagnoses. Health professionals wisely rely on the scientific literature — in addition to their knowledge, experience and residents' preferences — to make informed decisions regarding treatment. Clinical process guidelines are evidence-based statements and are frequently accompanied by checklists or algorithms that include recommendations intended to optimize resident care and treatment.

One hypothetical example of how a CPG may be useful begins with a facility noting that its Long-Stay Pain Quality Measure is 9 percent, while the state average is 7.4 percent and the

national is 7.6 percent. For this particular measure, smaller numbers are better, so they decide to initiate an improvement project to reduce pain and improve outcomes. One step they would take would be to review their policies, procedures and processes on pain management and compare what they are doing for example, to the American Medical Directors Association (AMDA) Clinical Process Guideline for Pain Management in nursing homes. The goal would be to identify any gaps in their process, as compared to a best practice guideline for pain, and make recommended changes.

Facilities need to show they are using evidence-based and expert-endorsed resources. As one example, AMDA guidelines emphasize key care processes and are organized for ready incorporation into facility-specific policies and procedures to guide staff and practitioner practices and performance. CPG implementation follows the medical care process of recognition, assessment (root cause analysis), treatment (based on assessment) and monitoring.

After a thorough review of the Michigan CPGs, the committee, of which MCMCFC is a member, determined that many of the Michigan guidelines were outdated. Since the creation of the Michigan CPGs, many more relevant and peer-reviewed long-term care best practice guidelines have been created by such organizations as AMDA and the federal Centers for Disease Control and Prevention (CDC).

It became clear that, from a practical standpoint, updating Michigan's guidelines did not make sense, for a number of different reasons:

1. We would be looking to those national guidelines anyway to update MI Guidelines.
2. It would be a costly process.
3. Guidelines require periodic review and updates, which would add more time and cost in the future. A process for periodic updates already exists with the other national guidelines now available.

Therefore, the committee concluded that the Department of Licensing and Regulatory Affairs (LARA) should not update or revise the current MI guidelines. Instead, LARA should allow and

encourage providers to use any evidence-based CPGs that are nationally recognized or available best practice resources when creating policies and procedures related to resident care or improving resident outcomes. Senate Bill 64, which is before you today, incorporates these recommendations by the committee, while still maintaining the highest of standards for the health, safety and welfare of our most vulnerable citizens who reside in skilled nursing facilities.

I thank the committee for its time. I am happy to answer any questions you may have.

Renee Beniak, RN, MA, LNHA, CPHQ  
Executive Director, MCMCFC

[renee@mcmcfc.org](mailto:renee@mcmcfc.org)  
517.372.5433